



VAC
JRW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Bassem M. Demian
Serial No. : 09/716,567
Filed : November 20, 2000
Title : Bunion treating device
Patent No. : 6,862,481
Atty Docket No.: 176746-2

REQUEST FOR RECONSIDERATION TO ADJUST PATENT TERM
EXTENSION UNDER 37 CFR 1.705

MS Patent Ext.
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

Sir:

This request for reconsideration is filed within two months of the Issue Notification dated 2/09/2005 and the issuance of the above noted corresponding patent on March 1, 2005 as required by 37 CFR 1.705(c)(1).

Applicants are in receipt of a Notice of Allowance dated June 2, 2004, copy enclosed, indicating a patent term extension of 151 days. A copy of the Issue Notification dated February 9, 2005, is enclosed, indicating that the patent term extension is 122 days. Applicant was entitled to an additional term adjustment of 93 days due to delay in the Office in issuing the patent from the date of receipt of payment of the issue fee as noted in the enclosed copy of the patent term history. This latter delay resulted in a total patent term adjustment of 306 days that applicant was originally entitled to. The term was reduced 120 days by the filing of drawing on July 30, 2004, as shown by the enclosed patent term history.

03/08/2005 CNGUYEN1 00000121 030678 6862481

01 FC:1456 400.00 DA

BEST AVAILABLE COPY

03/08/2005 CNGUYEN1 00000121 030678 6862481
01 FC:1456 400.00 DA

03/08/2005 CNGUYEN1 00000121 030678 6862481

01 FC:1456 400.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	6/6/05	2 Serial/Patent #	6,862,481
--------------------	--------	-------------------	-----------

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition		3/7/05	\$ 200.00
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND	\$ 200.00
--------------------------	-----------

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
Duplicate Payment	, 0 3 -- 0 6 7 8

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Cliff Congo

TITLE: Attorney

SIGNATURE: Cliff Congo

PHONE: 571-272-3207

OFFICE: Petitions

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

APPROVED:

DATE:

6/9/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B